

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044818

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 253

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1-11-63 NOV 18 1963

1. PLACE OF DEATH

a. COUNTY Nodaway

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Maryville

Length of stay in 1b
4 hours

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Francis Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway

c. CITY OR TOWN Maryville

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
303 South Saunders

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
FRED JOSEPH AUFFERT

4. DATE OF DEATH
Month Day Year
11 11 63

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
6/10/93

9. AGE (last birthday)
73

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Police Officer-retired

10b. KIND OF BUSINESS OR INDUSTRY
City of Maryville

11. BIRTHPLACE (City and state or country)
Ferdinand, Ind.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Benjamin Auffert

13b. MOTHER'S MAIDEN NAME

Anna Kimma

14. NAME OF HUSBAND OR WIFE

Mary E. Wilmes Auffert

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Mrs. Mary E. Auffert, Maryville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

a few hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11/11/63 to 11/11/63 and last saw him alive on 11/11/63

Death occurred at 12:47 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

W.R. Jackson (Degree or title)

22b. ADDRESS

Maryville, Missouri

22c. DATE SIGNED

11/12/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE
11/13/63

23c. NAME OF CEMETERY OR CREMATORY
St. Mary's

23d. LOCATION (City, town, or county)
Maryville, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Price Funeral Home, Maryville, Mo.

25. DATE RECD. BY LOCAL REG.

11-12-63

26. REGISTRAR'S SIGNATURE

Bess Holt

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *B. D. Merrick*

Licensed Embalmer No. 5188

P. O. Address Marquette, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.